CENTERS FOR DISEASE CONTROL

# MNNR

MORBIDITY AND MORTALITY WEEKLY REPORT

June 30, 1989 / Vol. 38 / No. 25

437 Heat-Related Deaths — Missouri, 1979—1988

440 Update: Aedes albopictus Infestation
— United States, Mexico

446 Publication of MMWR
Recommendations and Reports on HIV
and Hepatitis B Virus in Health-Care
and Public-Safety Workers

447 MMWR Serial Publications, Vol. 38,

## **Current Trends**

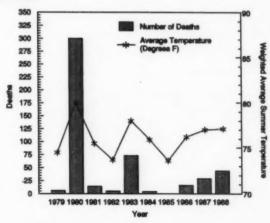
## Heat-Related Deaths - Missouri, 1979-1988

From 1979 through 1988, 491 deaths were attributed to excessive heat exposure\* in Missouri. More than half of these occurred during a 1980 heat wave (Figure 1). Although heat-related mortality is also influenced by factors such as humidity and regional acclimatization (1), trends for heat-related deaths in Missouri during 1979–1988 paralleled the state's average summer temperatures<sup>†</sup> (Figure 1).

\*Deaths attributed to excessive heat exposure are coded E900 according to the International Classification of Diseases, Ninth Revision.

Based on "State Areally Weighted Temperatures" provided by the National Climatic Data Center, National Oceanic and Atmospheric Administration.

FIGURE 1. Heat-related deaths and average summer (June–August) temperatures — Missouri, 1979–1988



#### Heat-Related Deaths - Continued

Persons ≥65 years of age were the most severely affected, accounting for 330 (67.2%) of the deaths (Table 1). The mortality rate for this population was 48.7 per 100,000 persons, compared with 3.8 per 100,000 for persons <65 years of age. The rate for nonwhites was substantially greater than that for whites, even after controlling for age (Table 1). For persons <65 years of age, the rate for males was twice that for females; in contrast, gender-specific rates for persons ≥65 years of age were similar (Table 1).

Reported by: SE Stewart, B Gibson, G Land, Div of Health Resources, Missouri Bur of Health Data Analysis, D Rackers, HD Donnell Jr, MD, State Epidemiologist, Missouri Dept of Health. A Graumann, User Svcs Br, National Climatic Data Center, National Oceanic and Atmospheric Administration. Health Svcs Br, Div of Environmental Hearts and Health Effects, Center for Environmental Health and Injury Control, CDC.

Editorial Note: Growing scientific and public concern about the potential for global warming due to the "greenhouse effect" has focused attention on the health effects of heat during the summer (2). Heat-related mortality during July 1980 demonstrated the effect that high temperatures can have on health (3). Missouri, which reported >17% of the nation's 1716 heat-related deaths in 1980, maintains active surveillance of such deaths as part of a system for early detection and prevention of heat-related morbidity and mortality.

Most heat-related deaths result from heatstroke, a severe illness in which thermoregulatory failure results in core body temperatures exceeding 105 F (40.6 C). Heatstroke is a medical emergency that can develop in a few minutes or hours. Symptoms are primarily those of altered mental status and can progress from lethargy and confusion to stupor and coma as the body temperature rises; anhidrosis

TABLE 1. Heat-related deaths and incidence rates, by age, race, and sex - Missouri, 1979–1988

	De	aths	
Characteristic	No.	(%)	Rate/100,000 persons
Age			-
≥65 yrs	330	(67.2)	48.7
<65 yrs	161	(32.8)	3.8
Race			
White	294	(59.9)	6.7
≥65 yrs	199	(40.5)	31.6
<65 yrs	95	(19.3)	2.6
Nonwhite	197	(40.1)	33.9
≥65 yrs	131	(26.7)	257.5
<65 yrs	66	(13.4)	12.5
Sex			
Male	233	(47.5)	9.7
≥65 yrs	126	(25.7)	47.1
<65 yrs	107	(21.8)	5.0
Female	258	(52.5)	10.0
≥65 yrs	204	(41.5)	49.7
<65 yrs	54	(11.0)	2.5

#### Heat-Related Deaths - Continued

may occur, but many heatstroke patients perspire profusely. Treatment includes the rapid lowering of body temperature followed by intensive supportive care. Heatstroke is often fatal (>40%), even when treatment is optimal (4.5).

The elderly are at greatest risk for heat-related illness, especially those who have chronic illness and/or take medications that might predispose to heatstroke. Also at increased risk are infants and children <4 years old, particularly those with congenital abnormalities of the central nervous system or with diarrheal illness; alcoholics; persons taking neuroleptic medications (antipsychotics or major tranquilizers) or anticholinergic drugs (e.g., tricyclic antidepressants, antihistamines, some antiparkinsonian agents, and over-the-counter sleeping pills); and persons who are physically or mentally impaired (5).

Additional risk factors include a prior history of heatstroke; certain uncommon conditions such as congenital absence of sweat glands, systemic sclerosis, and hyperthyroidism; and exercising in the heat without proper training and acclimatization. Obesity increases the risk for exercise-induced heatstroke (5). Although racial differences in heat-related deaths have been reported, attempts to assess the separate contributions of race and socioeconomic status to heatstroke risk have been largely unsuccessful (3); there is no evidence of a biologic predisposition for heat-related death associated with race.

Preventive measures include reducing physical activity, drinking extra liquids, and increasing time spent in air-conditioned places (6). Adequate salt intake is important; however, salt tablets are not recommended for preventing heatstroke in the general population and may be harmful to persons with certain preexisting illnesses such as hypertension and heart failure (3,7). At very high temperatures (high 90s and above), fans are ineffective for cooling and may increase heat stress and the risk of heatstroke (8,9). Therefore, persons without home air-conditioners should seek shelter in an air-conditioned environment rather than rely on the use of electric fans (6).

#### References

- Kalkstein LS, Davis RE. Weather and human mortality: an evaluation of demographic and interregional responses in the United States. Ann Assoc Am Geographers 1989;79:44

  64.
- Schneider SH. The greenhouse effect: science and policy. Science 1989;243:771–81.
   Jones TS, Liang AP, Kilbourne EM, et al. Morbidity and mortality associated with the July
- Jones TS, Liang AP, Kilbourne EM, et al. Morbidity and mortality associated with the July 1980 heat wave in St. Louis and Kansas City, Missouri. JAMA 1982;247:3327–31.
- Hart GR, Anderson RJ, Crumpler CP, Shulkin A, Reed G, Knochel JP. Epidemic classical heat stroke: clinical characteristics and course of 28 patients. Medicine 1982;61:189–97.
- Kilbourne EM. Illness due to thermal extremes. In: Last JM, ed. Maxcy-Rosenau—public health and preventive medicine. 12th ed. New York: Appleton-Century-Crofts, 1986:703–14.
- Kilbourne EM, Choi K, Jones TS, Thacker SB. Risk factors for heatstroke: a case-control study. JAMA 1982;247:3332–6.
- Pitts GC, Johnson RE, Consolazio FC. Work in heat as affected by intake of water, salt and glucose. Am J Physiol 1944;142:253–9.
- 8. Lee DHK. Seventy-five years of searching for a heat index. Environ Res 1980;22:331-56.
- Steadman RG. A universal scale of apparent temperature. J Climate Applied Meteorol 1984;23:1674–87.

# Update: Aedes albopictus Infestation - United States, Mexico

Aedes albopictus, a mosquito of Asian origin, was discovered in Texas in 1985 (1,2). This mosquito transmits dengue virus in Asia (3,4) and under laboratory conditions can transmit pathogenic viruses indigenous to the United States (5).

Surveillance for Ae. albopictus in the eastern United States was initiated in 1986; by 1988, infestations had been found in 113 counties in 17 states (Figure 1, page 445) (6–8). In 1988, the mosquito was also found in a tire in Matamoros, Mexico. This is the southernmost identification of Ae. albopictus in North America; however, subsequent surveys in Matamoros have not detected further evidence of infestation. Separate infestations of Ae. albopictus, originating from tropical Asia, have been established in four Brazilian states (6).

Ae. albopictus was probably introduced into the United States in used-tire casings imported from Asia (9). On January 1, 1988, new regulations were implemented to control the importation of used-tire casings originating in Asian countries. These

(Continued on page 445)

TABLE I. Summary - cases of specified notifiable diseases, United States

	25	th Week End	ling	Cumulati	ve, 25th Wee	ek Ending
Disease	June 24, 1989	June 25, 1988	Median 1984-1988	June 24, 1989	June 25, 1988	Median 1984-198
Acquired Immunodeficiency Syndrome (AIDS) Aseptic meningitis Encephalitis: Primary (arthropod-borne	225 128	U° 160	245 169	16,134 2,158	14,574 2,149	5,938 2,149
& unspec) Post-infectious	12	9	21	285	342 55	396 59
Gonorrhea: Civilian Military	12,276	12,912	16,470 313	309,764 5,187	317,548 5,758	381,732 7,947
Hepatitis: Type A	583 383	515 553	422 521	16,372 10,515	11,748 10,553	10,576 11,963
Non A, Non B Unspecified	54 72 14	62	71	1,127	1,274	1,717
Legionellosis Legrosy	14	62 74 18 9	74 14	393 72	435 90	328
Malerie Measies: Total	18 484	28	19 135	516 7,022	361 1,492	111 368 1,750
Indigenous Imported	467	28 78 68 10 54 72	99	6,679 343	1,327	1,496
Maningococcal infections	17 38 70 31	54	50	1,572	1,720	1,625
Mumps Pertuesis	31	36	50 72 36 13	2,962 1,007	1,087	2,260 964 315
Rubella (German messies) Syphilis (Primary & Secondary): Civilian Military	646	862	546 1	198 18,852 122	116 18,145 87	13,282
Toxic Shock syndrome Tuberculosis	444	386	11	176 9,809	153 9,488	172 9,879
Tularemia Typhoid Fever	3 8	7 9	7 8	39 204	78 171	71
Typhus fever, tick-borne (RMSF) Rabies, snimal	30 82	33 100	32 100	162 2,199	163 2,005	144 194 2,454

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1989		Cum. 198
Anthrax Botulism: Foodborne Infant (Ore. 1) Other (Kentucky 1) Bruceliosis Cholera Congenital rubells syndrome	6 7 5 36	Leptospiroeis Piague Poliomyelitie, Paralytic Paittacoeis (Upstate NY 1) Rabies, human Tetanus (Fla. 1, Tenn. 1) Trichinoeis	57 - 48 1 23 12
Congenital rubella syndrome Congenital syphilis, ages < 1 year Diphtheria	1	Trichinosis	

<sup>\*</sup>Because AIDS cases are not received weekly from all reporting areas, comparison of weekly figures may be misleading.

'Seven of the 484 reported cases for this week were imported from a foreign country or can be directly traceable to a knowl internationally imported case within two generations.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending June 24, 1989 and June 25, 1988 (25th Week)

		Assptic Menin-	Encep	halitie	0		He	patitis (\	/iral), by	уре	A and a made	
Reporting Area	AIDS	Menin- gitie	Primary	Poet-in- fectious	Gene (Civil	inn)	A	8	NA,NB	Unopeci- fled	Legional- losis	Lapros
	Cum. 1989	Cum. 1980	Cum. 1989	Cum. 1988	Cum. 1900	Cum. 1988	Cum. 1989	Cum. 1989	Cum. 1980	Cum. 1988	Cum. 1989	Cum. 1989
UNITED STATES	16,134	2,158	206	46	309,764	317,548	16,372	10,515	1,127	1,231	393	72
NEW ENGLAND	691	103	7	2	8,962	9,520	358	524	48	51	26	8
Maine	33	6	3		132	196	7	19	3	1	3	
N.H.	25	8	*	-	73	133	34 21	30	8 5	4		
Vt. Mass.	379	36	2	2	3.324	3.343	100	317	23	36	17	3
PLI.	37	26			621	882	23	42	3	3	6	1
Conn.	209	21	2	*	4,777	4,892	164	77	6	8	*	1
MID. ATLANTIC	4,571	248	47	5	41,761	60,637	2,073	1,649	95	162	101	9
Upstate N.Y.	2,307	106	14	4	7,410	5,927 23,603	488 170	342 617	43 16	134	32 11	1
N.Y. City N.J.	1,106	40	31	1	6,867	7,067	215	280	11	5	18	1
Pa.	609	102			8,637	14,040	1,200	410	25	17	40	1
E.N. CENTRAL	1,328	305	82	2	54,088	49,592	882	1,246	116	42	106	2
Ohio	227	67	18	î	14,367	11,424	190	280	20	6	58	-
Ind.	226	60	20	-	4,448	3,846	70	197	17	14	18	1
101.	571	63	19	1	17,740	13,879	400	339	34	13	10	1
Mich. Wis.	261 53	105	20 5		14,947 2,586	16,101	157 47	336 95	33 12	9	16	
				2	-	13,025		447	46	12	18	
W.N. CENTRAL Minn.	372 74	93	12	1	14,421	1,744	539 54	49	7	3	2	1
lowa	32	18	3		1,046	977	43	22	9		4	
Mo.	173	26			8,600	7,334	302	305	17	5	6	
N. Dak.	3	4	1	*	61	86	4	15	3		1	*
S. Dak. Nebr.	15	6	2 2	•	128 784	248 760	53	14	3	2	2	
Kans.	71	28	4	1	2,328	1,876	79	36	6	2	4	
S. ATLANTIC	3,404	459	40	17	86,923	89,648	1,394	2,080	159	187	51	
Del.	48	13	1	"	1,392	1,300	21	74	2	2	4	
Md.	324	58	9	2	9,572	9,546	331	362	17	20	12	-
D.C.	282	6		*	5,758	6,500	2	14	2	***	-	
Va. W. Va.	234	72	19		7,148 658	6,285	169	145	26	122	2	-
N.C.	278	56	1	1	13,112	12.885	236	501	49		15	
S.C.	161	11			7,961	6,767	24	275	3	6	3	
Ga.	507	41	1		16,586	17,411	156	212	9	6		
Fla.	1,560	195	3	14	24,748	28,311	435	454	48	28	9	
E.S. CENTRAL	382	214	15	1	25,682	24,587	203	776	87 25	1	17	
Ky. Tenn.	62 129	58 28	4	1	2,391 8,414	2,383 8,244	61 84	207 414	20		3	
Ala.	111	93	11		8,293	7,910	37	106	39	1	5	
Miss.	80	35			6,584	6,050	21	49	3			
W.S. CENTRAL	1,382	225	32	2	33,832	36,362	1,863	1,014	75	288	19	13
Ark.	46	7			3,661	3,412	110	35	2	2	1	
La.	230 76	18	6 7		6,977 2,832	7,456	141	181	16	13	11	
Okla. Tax.	1,030	174	19	2	20,372	22,271	1,424	708	49	272	3	13
MOUNTAIN	506	80	8	2	6,596		2,318	665	119	94	22	1
Mont.	900	3		- 4	96	6,869 227	2,316	23		- 1	2	i
Idaho	12			1	96	186	86	48	6	2	-	
Wyo.	10	1			50	111	19	4	2		:	*
Colo.	160	32 6	2	1	1,391	1,563 635	306	96		41	2 2	
N. Max. Ariz.	146	27	2		2,427	2,431	1,185	230		41	9	
Utah	36	9	1		206	278	200	52	11	3	4	
Nev.	92	2	2		1,863	1,440	206	105	9	4	3	-
PACIFIC	3,498	431	42	13	37,500	37,308	6,752	2,125		394	33	41
Wash.	310		1	1	2,889	3,198	1,567	435		27	8	4
Oreg.	117	406	36	12	1,442	1,492 31,773	1,190	1,408		353	22	32
Calif. Alaska	3,003		4	12	449	510		24		2	1	-
Hawaii	63		1		243	337	103			4	1	4
Guern	1					73						
P.R.	740		2		542	715	81			10		6
	22				330			4	-		*	
V.I. Amer. Samoa						45						

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending June 24, 1989 and June 25, 1988 (25th Week)

Security Area	Market .	Measies (Rubeola)										_	B. C. C.			
Reporting Area	Malaria	Indig	enous	_	rte:f*	Total	gococcal Infections	Mu	mps		Partuesi			Rubelle		
	Cum. 1989	1989	Cum. 1989	1989	Cum. 1980	Cum. 1988	Cum. 1989	1909	Cum. 1980	1989	Cum. 1909	Cum. 1986	1989	Cum. 1989	Cum. 1986	
UNITED STATES	516	467	6,679	17	343	1,492	1,572	70	2,962	31	1,007	1,087	5	196	116	
NEW ENGLAND Maine	31	:	206	4	20	104 7	111	4	28	1	216	140	:	5	1	
N.H. Vt.	2	-	8	*		87	12		10		5	29		3	*	
Mass.	19		17	41	16	1	53	4	17	1	190	87	:	1		
R.I. Conn.	5		35 144		2 2	9	26	-	1		2 9	2	-		1	
MID. ATLANTIC Upstate N.Y.	87 17	11	433 40	8	154 93	487 16	236 78	4	160 102	:	62 33	49 31	1	10	10	
N.Y. City N.J. Pa.	27 21 22	1	46 247 100	05	14	28 14 428	29 52 77		16 11 40	:	14 13	1 4 13	1		1 2	
E.N. CENTRAL Ohio	34	101	1,042 626	:	42 35	153 23	191 78	4	240		36	130 25		18	22	
Ind.	6	-	33		*	44	22	*	18	*		50		*		
III. Mich.	15	1	379		5	18	54 30	3	104		20	11	-	13	18	
Wis.	2				2		7	1	14		7	26		1		
W.N. CENTRAL Minn.	16		427	:	4	10	45 10	1	343		22	16	:	4		
lowa	2	-	4		1			-	19	*	10	14		-	*	
Mo. N. Dek.	4	-	237				15	1	46		10	6	:	3	-	
S. Dek.	1	~			-	-	4				1	2		-		
Nebr. Kens.	1		108 78		2	:	11 5	*	275		1	4		1	1	
S. ATLANTIC	88	12	372 58		25	240	262	17	527	3	85	100		7	14	
Del. Md.	16	-	36		15	7	42	11	319	i	1 9	17		2		
D.C.	4	2	7	*	3		12	2	75					-		
Va. W. Va.	16	3	18	-	3	134	28	3	85		6	16			11	
N.C.	11	-	167			1	36	1	16	-	18	32		1		
S.C. Ga.	3	-		-			15 52		16		10	17	*			
Fla.	29	7	50		3	92	67		19	2	30	21		4	3	
E.S. CENTRAL Ky.	6	15	103	:	:	60 32	48 29	4	90	3	38	15		2		
Tenn. Ale.	ā	13	58 43			-	13	1 3	28 13	i	26	8	*	2		
Miss.	2	-				28	3	N	N		2	2			-	
W.S. CENTRAL Ark.	20	53	2,716	2	38	13	104	16	1,129	16	58	<b>65</b>		12	6 2	
La.	1		6	-		:	26	12	441		4	9		5		
Okle. Tex.	17	53	2,610	211	36	8	11 62	3	165 414	15	13	24 27		5	1 3	
MOUNTAIN	16	1	168		19	116	44		109	3	349	335		30	5	
Mont. Idaho	1 2	-	12		1 2	1	1 2	*	8	1	10	247		28		
Wyo.	1	-			*				7			1		20		
Colo. N. Mex.	2	1	57 16		15	114	18	N	14 N	*	19	13			1	
Ariz.	6	-	47				19		71		268	42				
Utah Nev.	3		36				4		3	1	7	22		1	3	
PACIFIC	218	274	1,213	3	41	300	531	20	319	5	141	196	4	110	58	
Wash. Oreg.	15 11		20	11	12	2	56 38	4 N	23 N	2	31	42	1	2	-	
Calif.	185	274	1,177	11	12	298	432	15	286	3	101	103	3	87	47	
Alaska Hawaii	3 4	:	16	15	5	6	1	i	10	:	á	41	:	21	. 11	
Guarn	:	U		U		. 1	:	U		U			U		1	
P.R. V.I.	1	47	410			189	4	i	7		3		1	6	1	
Amer. Samoa C.N.M.I.		U		U				U		U			U	-		

443

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending June 24, 1989 and June 25, 1988 (25th Week)

Reporting Area	Syphilis ( (Primary & S	Civilian) Secondary)	Toxio- shock Syndrome	Tubers	sionis	Tule- remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabina, Animal
	Cum. 1989	Cum. 1986	Cum. 1989	Cum. 1989	Cum. 1986	Com. 1966	Cum. 1989	Cum. 1900	Cum. 1980
UNITED STATES	18,852	18,145	176	9,809	9,488	39	204	162	2,199
NEW ENGLAND	800	487		244	218	-	15	2	2
Maine N.H.	3	6	2	15	6			:	
Vt.		197	i	125	133		i		
Mass R.I.	243 14	16		30	17		5	1	
Conn.	636	261	3	67	58		3	1	1
MID. ATLANTIC	3,284	3,745	28	1,894 161	1,792 262	1	53	12	301
Upstate N.Y. N.Y. City	1,561	2,408	2	1,091	886	-	36	1	
N.J. Pa.	632 718	407 680	14	294 348	334 310	i	8	5 2	296
E.N. CENTRAL	734	503	26	1,080	1,047	3	21	26	50
Ohio	54	52	7	204	194		4	12	2 2
Ind. III.	33 368	31 242	5	91 480	112 438	1	12	9	10
Mich.	269	160	9	255	247	1	3	1	6
Wis.	20	18		50	56	1	1	*	30
W.N. CENTRAL	158 13	110	25 7	258 53	246 42	15	5	24	283 62
Minn. lows	17	12	4	28	18		2	1	63
Mo.	82	85 2	4	111	121		1	23	22 29
N. Dak. S. Dak.	-		3	13	19	4		-	55
Nebr.	17 28	17	5 2	10 34	7 32	3	i	-	22 30
Kans. S. ATLANTIC	7,082	6,479	16	2,015	2.083	2	19	43	675
Del.	79	50		21	19		2		16
Md.	366 431	372 297	1	180	212		4 2	5	191
D.C. Va.	431 267	213	4	172	204	2	3	3	130
W. Va.	9	7 306		38 249	38 182	1	2	20	31
N.C. S.C.	447 387	300	3	232	232				115
Ga.	1,444 3,663	1,049 3,805	2	296 755	344 788	:	1 5	6	116 64
Fla. E.S. CENTRAL	1,328	996	3	816	784	3	1	20	206
Ky.	28	33	1	187	198	1	i	6	93
Tenn. Ala.	803 415	446 281	1	229	193 242	1		13	56 57
Ala. Miss.	282	236	1	164	131	1			
W.S. CENTRAL	2,636	2,056	13	1,156	1,190	10	7	21	345
Ark. La.	108	300	1	125 137	129 150	5	1	4	45
Okia.	42	79	7	90	107	5	1	16	52 245
Tex.	1,822	1,487	5	794	795 243	3	3	12	107
MOUNTAIN Mont.	341	351 2	22	225 8	243	*	3	9	43
Idaho	1		2	8		:		i	31
Wyo. Colo.	4 51	48	4	12	39	1	i	2	3
N. Mex.	12	25	2	40	116	-	i	-	15 13
Ariz. Utah	96 11	10	3	112	10	2	i		1
Nev.	163	177	1	24	24	-		*	1
PACIFIC	2,409	3,419	37	2,113	1,905	2	80	2	231
Wash. Oreg.	136 131	107 140	2	68	69		4	1	
Calif.	2,213	3,146	34	1,837	1,630	2	70	1	171
Alaska Hawzii	6	19	i	79	75	-	2		
Guam	-	3			9				
P.R.	264	316	*	151	100			-	31
V.I. Amer. Semos	2		:		3				
C.N.M.I.		1			13			*	-

## TABLE IV. Deaths in 121 U.S. cities,\* week ending June 24, 1989 (25th Week)

		All Cau	1000, B	y Age (	Years)		P&I**		All Causes, By Age (Years)						
Reporting Area	Ali Ages	>65	45-64	25-44	1-24	<1	Total	Reporting Area	All Ages	>65	45-84	25-44	1-24	<1	Tot
IEW ENGLAND	604	404	125	39	18	18	60	S. ATLANTIC	1,133	882	247	130	30	44	5
oston, Mass.	201	118	45	17	12	9	33	Atlanta, Ga.	169	89	43	25	6	6	
ridgeport, Conn.	32	23	6	2	1		1	Beltimore, Md.	75	49	16	9		1	
embridge, Mass.	23	19	4				2	Charlotte, N.C.	76	46	21	6	1	3	
all River, Mass.	25	21	3	1		-	2	Jacksonville, Fla.	101	66	23	7	4	1	
artford, Conn.	61	40	13	2	- 1	5	5	Miami, Fla.	131	80	18	18	6	9	
owell, Mass.	22	16	3	2	1		1	Norfolk, Va.	58	32	18	4		5	
ynn, Mass.	16	11	4	1			1	Richmond, Va.	69	35	16	12	4	2	
lew Bedford, Mass.	17	11	5	1			1	Savannah, Ga.	58	40		6	1	2	
lew Heven, Conn.	31	16	10	3	2		2	St. Petersburg, Fis.	79	56		7	2	3	
rovidence, R.I.	37	24	9	2	1	1	1	Tampe, Fla.	96	60		6	1	6	
iomerville, Mass.	5	30	-	-				Washington, D.C.	197	111	45	30	5	6	
pringfield, Mass.§	43		9	2	*	2	4	Wilmington, Del.	23	19	4				
Waterbury, Conn.	32	25 45	10	3		1	2	E.S. CENTRAL	771	509	158	64	21	19	
Vorcester, Mass.	59			3	*		3	Birmingham, Ala.	137	79		10	10	7	
AID. ATLANTIC	2,406	1,558	474	313	51	09	143	Chattanooga, Tenn.	78	55		4	1	1	
Mbany, N.Y.	46	30	8	5	-	2	1	Knoxville, Tenn.	93	73	7	7	1	5	
Mentown, Pa.	21	14	2	4	1		-	Louisville, Ky.	72	49		7	3		
Buffalo, N.Y.	100	75	15	4	2	4	6	Memphis, Tenn.	200	125	50	19	3	3	
Camden, N.J.	32	20	6	3	1	1		Mobile, Ala.	60	30		5	2	1	
Elizabeth, N.J.	19	13	5	1			2	Montgomery, Ala.	39	28	5	4		2	
irie, Pa.1	42	27	12	2		1	5	Nashville, Tenn.	92	61	22		1		
lersey City, N.J.	42	30	1	9	. 1	. 1	1	W.S. CENTRAL	1.652	1,026	347	161	62	55	
N.Y. City, N.Y.	1,313	785	261	206	33	29	50	Austin, Tex.	62	42		8	5	1	
Newark, N.J.	59	22	14	20	2	1	6	Baton Rouge, La.	22	15		2	9		
Paterson, N.J.	22	12	5	3		2	1	Corpus Christi, Tex.		35		2			
hiladelphia, Pa.	339	211	76	33	9	10	20	Dellas, Tex.5	187	106		21	10	8	
Pittsburgh, Pa.1	66	37	17	4		8	10	El Paso, Tex.	53			2	4	3	
leading, Pa.	30	27	2	1		-	2	Fort Worth, Tex	98	32 53	21	6	4	14	
Rochester, N.Y.	111	83	21	2	1	4	12	Houston, Tex.5	734	436		89	24	16	
Schenectady, N.Y.	25	24	1			-	1	Little Rock, Ark.	58	37		5	1	2	
Scranton, Pa.1	26	22	2	2		-	5	New Orleans, La.	71	44		9	1	3	
Syracuse, N.Y.	83	64	9	5	- 1	4	2	San Antonio, Tex.	188	125		15	10	6	
Trenton, N.J.	29	18	3	- 6	-	2	3	Shreveport, La.	38			1			
Utica, N.Y.	29	21	6	2			1	Tuisa, Okia.	96	26 73		1	2	1	
Yonkers, N.Y.	33	23	-	2			6							-	
E.N. CENTRAL	2,164	1,389		183	80	79	90	MOUNTAIN	731	486		64	23	26	
Akron, Ohio	53	38		2	2	1		Albuquerque, N. Ma	41	26		3	3	2	
Canton, Ohio	26	20					2	Colo. Springs, Colo. Denver, Colo.	134	78		18	3	10	
Chicago, III.§	564	362		45	10	22	16		109	65		7	2		
Cincinnati, Ohio	116	77	20	11	6	2	6	Las Vegas, Nev. Ogden, Utah	29	22		,	- 2	2	
Cleveland, Ohio	140	84		6	7	13	5		151			21	4	2	
Columbus, Ohio	122	79		11	4	3	4	Phoenix, Ariz. Pueblo, Colo.	34	96	7	3	•	1	
Dayton, Ohio	97	65		6	- 1	1	13	Salt Lake City, Utah	46	26		5	5	3	
Detroit, Mich.	217	108	50	28	14		2	Tucson, Ariz.	108	87	10	4	4	3	
Evaneville, Ind.	30	26	7	2	2	-	2			-	-				
Fort Wayne, Ind.	61	39		7	1	2	1	PACIFIC	1,970	1,231			75	59	1
Gary, Ind.	22	12		4			2	Berkeley, Calif.	20	8		2		2	
Grand Rapids, Mich.	67	46		4	3	3	10	Fresno, Calif.	74	48			5	9	
Indianapolis, Ind.	199	120		24	3	9	4	Glendale, Calif.	29	25		2			
Madison, Wis.f	36	24		4	1	1	3	Honolulu, Hawaii	73	56			3		
Milwaukee, Wis.	131	86	19		1	6	3	Long Beach, Calif.	74	46			4	- 1	
Peorie, III.	46	30		1	:	3	3	Los Angeles Calif.	639	363			33	16	
Rockford, III.	42	29	5	3	3	2	1	Oakland, Calif.	61	36				3	
South Bend, Ind.	40	30		1	1	1	3	Pasadena, Calif.	31	23			2	1	
Toledo, Ohio	93	62		8 7	1	2		Portland, Oreg.	130	96				1	
Youngstown, Ohio	55	41			*		2	0 01 0 114	140	86			6	2	
W.N. CENTRAL	696	493			26	21	32		148	90			6	4	
Des Moines, Iowa	67	43		4	1	2				91			3	6	
Duluth, Minn.	16	14	1				2	San Jose, Calif.	159	100			7	9	
Kaneas City, Kans.	43	21	9		2	1		Seattle, Wash.	148	87			6	5	
Kanass City, Mo.	104	66	26	9	2	1	4	Spokane, Wash.	53	36					
Lincoln, Nebr.	22	19	2					Tacoma, Wash.	37	30					
Minnespolis, Minn.	96	71	17	1	6		6	TOTAL	12,186	7.78	8 2.415	1.213	366	390	-
Omaha, Nebr.	83	53	15	7	1	7	7			-1-0				550	,
St. Louis, Mo.	167	120		11	12	5	5								
St. Paul, Minn.	46	36			2	3	1								
Wichita, Kans.	53	41	8	2	_	2									

<sup>&</sup>quot;Mortelity data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

"Presumonia and influenza."
Secause of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

"Data includes unknown ages."
State includes unknown ages.
State includes unknown ages.

Aedes albopictus Infestation - Continued

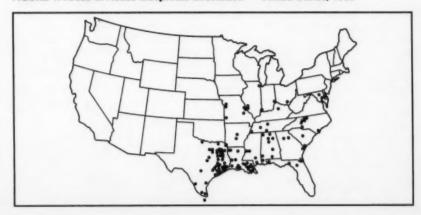
regulations require that used-tire casings be clean and dry and be treated by one of three approved fumigation procedures. During 1988, 34 (0.5%) of 6533 casings examined in U.S. ports contained water—a 98% reduction from levels found in earlier surveys (9). During 1988, no viruses were isolated from 10,679 *Ae. albopictus* specimens from Indiana, Illinois, Tennessee, and Louisiana.

Reported by: State and local health and vector-control agencies in Alabama, Arkansas, Delaware, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Texas, and Virginia. KJ Tennessee, Tennessee Valley Authority, Muscle Shoals, Alabama. TW Walker, Aberdeen Proving Ground, Maryland. J Sepulveda-Amor, MD, Dirección General de Epidemiologia, J Fernandez de Castro, MD, Dirección General de Medicina Preventiva, Secretaria de Salubridad, Mexico City, Mexico. Div of Quarantine, Center for Prevention Svcs; Div of Vector-Borne Viral Diseases, Center for Infectious Diseases, CDC.

Editorial Note: The public health importance of the introduction and infestation of Ae. albopictus in the United States remains undetermined. The potential for Ae. albopictus to transmit certain pathogenic arboviruses indigenous to the United States has been proven in laboratory experiments (5); however, disease transmission by this mosquito in natural settings has not been documented. La Crosse virus, a leading cause of childhood encephalitis in the upper and midwestern United States, is usually restricted to rural areas by the behavior of its principal vector mosquito, although the virus could extend to urban centers if carried by Ae. albopictus. La Crosse virus has not been isolated from Ae. albopictus, and no case of encephalitis has been epidemiologically attributed to this mosquito.

The potential for dengue virus transmission in the United States by Ae. albopictus is of particular concern. The principal vector of dengue virus, Ae. aegypti, is prevalent throughout the Southeast but cannot overwinter in northern states. However, because Ae. albopictus can overwinter as far north as latitude 42 N and in summer can extend even farther north, the risk for epidemic dengue in the United States is heightened.

FIGURE 1. Areas of Aedes albopictus infestation — United States, 1988



### Aedes albopictus Infestation - Continued

In suburban areas of New Orleans with abundant vegetation, Ae. albopictus has replaced Ae. aegypti and has become the principal source of mosquito complaints to the health department. Ae. aegypti remains dominant in urban areas where housing density is high and vegetation is sparse.

Although Ae. albopictus now is entrenched in the United States, continued monitoring of imported used-tire casings is needed to prevent further introductions of this mosquito and to prevent the introduction of other exotic mosquito species and Asian arboviruses (9). Spot surveys support the effectiveness of the new regulations regarding the importation of tires from Asia.

#### Ruferences

 Sprenger D, Wuithiranyagool T. The discovery and distribution of Aedes albopictus in Harris County, Texas. J Am Mosq Control Assoc 1986;2:217–9.

CDC. Aedes albopictus introduction – Texas. MMWR 1986;35:141–2.

- Jurnali, Sunarto, Gubler DJ, Nalim S, Eram S, Sulianti Saroso J. Epidemic dengue hemorrhagic fever in rural Indonesia: III—Entomological studies. Am J Trop Med Hyg 1979; 28:717–24.
- Metselaar D, Grainger CR, Oei KG, et al. An outbreak of type 2 dengue fever in the Seychelles, probably transmitted by Aedes albopictus (Skuse). Bull WHO 1980;58:937–43.
- Shroyer DA. Aedes albopictus and arboviruses: a concise review of the literature. J Am Mosq Control Assoc 1986;2:424–8.
- 6. CDC. Aedes albopictus infestation United States, Brazil. MMWR 1986;35:493-5.
- CDC. Update: Aedes albopictus infestation—United States. MMWR 1986;35:649–51.
- 8. CDC. Update: Aedes albopictus infestation United States. MMWR 1987;36:769-73.
- Craven RB, Eliason DA, Francy DB, et al. Importation of Aedes albopictus and other exotic mosquito species into the United States in used tires from Asia. J Am Mosq Control Assoc 1988;4:138-42.

# Notices to Readers

# Publication of MMWR Recommendations and Reports on HIV and Hepatitis B Virus in Health-Care and Public-Safety Workers

A new MMWR Recommendations and Reports, "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers," was published June 23, 1989 (1). This document provides an overview of the modes of transmission of human immunodeficiency virus and hepatitis B virus in the workplace, an assessment of the risk for transmission under various assumptions, principles underlying the control of risk, and specific risk-control recommendations for employers and workers. This document also includes information on medical management of persons who have sustained an exposure at the workplace to these viruses (e.g., an emergency medical technician who incurs a needlestick injury while performing professional duties). These guidelines are intended for use by a technically informed audience. A separate model curriculum based on the principles and practices discussed in this document is being developed for use in training workers.

#### Reference

 CDC. Guidelines for prevention of transmission of human immunodeficiency virus and hepatitis B virus to health-care and public-safety workers. MMWR 1989;38(no. S-6).

# MMWR Serial Publications, Vol. 38, 1989

The following documents have been published as part of *MMWR* Vol. 38. For information regarding purchase of these documents, contact the U.S. Government Printing Office (telephone [202] 783-3238) or MMS Publications (telephone [617] 893-3800). For additional questions, contact Editorial Services, Epidemiology Program Office, CDC (telephone [404] 332-4555).

## Supplements:

Chronic Disease Reports in the *Morbidity and Mortality Weekly Report (MMWR)* (Vol. 38, No. S-1, February 3, 1989).

The Surgeon General's 1989 Report on Reducing the Health Consequences of Smoking: 25 Years of Progress—Executive Summary (Vol. 38, No. S-2, March 24, 1989).

A Strategic Plan for the Elimination of Tuberculosis in the United States (Vol. 38, No. S-3, April 21, 1989).

AIDS and Human Immunodeficiency Virus Infection in the United States: 1988 Update (Vol. 38, No. S-4, May 12, 1989).

## **Recommendations and Reports:**

Guidelines for Prophylaxis Against *Pneumocystis carinii* Pneumonia for Persons Infected with Human Immunodeficiency Virus (Vol. 38, No. S-5, June 16, 1989).

Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers (Vol. 38, No. S-6, June 23, 1989).

FIGURE I. Reported measles cases - United States, weeks 21-24, 1989



The Morbidity and Mortality Weekly Report is prepared by the Centers for Disease Control, Atlanta, Georgia, and available on a paid subscription basis from the Superintendent of Documents, U.S. Government Printing Office, Weekington, D.C. 20402, (202) 783-3238.

The data in this report are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday. The editor welcomes eccounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Such reports and any other matters pertaining to editorial or other textual considerations should be addressed to: Editor, Marbidity and Mortality Weekly Report, Centers for Disease Control, Atlanta, Georgia 30333; telephone (404) 332-4555.

Acting Director, Centers for Disease Control Walter R. Dowdle, Ph.D. Acting Director, Epidemiology Program Office Michael B. Gregg, M.D. Editor, MMWR Series Richard A. Goodman, M.D., M.P.H. Managing Editor Karen L. Foster, M.A.

☆U.S. Government Printing Office: 1989-631-108/02011 Region IV

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service Centers for Disease Control Atlanta, GA 30333

Official Business Panalty for Private Use \$300 FIRST-CLASS MAIL POSTAGE & FEES PAID PHS/CDC Permit No. G-284

SER 06 8639
ACQUISITION DEPT
TY MICROFILMS
H ZEEB ROAD
R, MI 48106

X

